



City of **BELOIT**, Wisconsin

100 State Street, Beloit WI 53511

APPLICATION FOR EMPLOYMENT

Instructions:

1. Complete application in ink or use a typewriter.
2. Answer all questions.
3. Date and sign this application on last page.
4. Applications will be kept in an active file for six months.

The City of Beloit is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the City to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, sexual orientation, age, sex, veteran status or disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the City intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

Position Desired: _____ Date: _____

Are you interested in: Full-time: _____ Part-time: _____ Either: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: Home: _____ Work: _____

Social Security Number: _____

Do you currently possess a valid Driver's License? _____ State: _____

Do you currently possess a valid Commercial Driver's License or Permit? (CDL) _____

List any other licenses, registration, or certificates you possess: (nurse, journeyman, etc.) _____

List any other names by which you have been known on official records. _____

May we contact your present employer regarding your qualifications? _____

Have you worked for us before? _____ If yes, when? _____

Are you a citizen of the United States? If not, are you in this country on a visa which will permit you to work here? _____

CONVICTION RECORD

Have you ever been convicted of a crime? YES NO Include all felonies and misdemeanors. Exclude minor traffic offenses and convictions prior to your 18th birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. I understand that a subsequent discovery by the City of false information may be considered grounds for termination.

Date	Charge	Place	Court	Action Taken

EDUCATION AND TRAINING

Did you graduate from high school? YES NO

If yes, name and location of high school. _____

If no, have you passed a high school equivalency or G.E.D. Test? YES NO

Date test was passed Month _____ Year _____

Training beyond high school (college or university, business college, military or other training you have received). **Indicate credits earned or completed.**

[illegible]

EMPLOYMENT RECORD

List in order, present employer first. (Include experiences in Armed Forces.)

From (Mo-Yr) To (Mo-Yr) Job Title or Occupation:_____

Company name and address:_____

Supervisor's name & title:_____ Supervisor's phone #:_____

Description of your duties:_____

Highest salary earned \$_____ per _____ ☐ Full time ☐ Part time

Reason for leaving:_____

From (Mo-Yr) To (Mo-Yr) Job Title or Occupation:_____

Company name and address:_____

Supervisor's name & title:_____ Supervisor's phone #:_____

Description of your duties:_____

Highest salary earned \$_____ per _____ ☐ Full time ☐ Part time

Reason for leaving:_____

From (Mo-Yr) To (Mo-Yr) Job Title or Occupation:_____

Company name and address:_____

Supervisor's name & title:_____ Supervisor's phone #:_____

Description of your duties:_____

Highest salary earned \$_____ per _____ ☐ Full time ☐ Part time

Reason for leaving:_____

From (Mo-Yr) To (Mo-Yr) Job Title or Occupation:_____

Company name and address:_____

Supervisor's name & title:_____ Supervisor's phone #:_____

Description of your duties:_____

Highest salary earned \$_____ per _____ ☐ Full time ☐ Part time

Reason for leaving:_____

REFERENCES

Examples include additional supervisors not listed previously or volunteer coordinators/lead workers knowledgeable of your work performance. Do not include individuals listed under employment record. Do not include personal friends or relatives.

Reference name and address:_____

Relationship to reference:_____

Reference's Telephone number:_____

Reference name and address:_____

Relationship to reference:_____

Reference's Telephone number:_____

Use this space for any additional information or comments regarding your qualifications for employment such as professional activities or affiliations:

Please Read Carefully Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Beloit or its agent upon presentation of this or copy hereof. I understand that the background check might be done either before or after an employment decision is reached and in fact could conceivably be done on multiple occasions during employment.

Some positions require a physical examination following an offer of employment. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the City of Beloit.

In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Beloit.

I hereby release from liability and hold harmless the City of Beloit and all persons and corporations supplying this information to the City of Beloit an/or its agents. A photocopy of this authorization is as effective as the original.

Signature of Applicant:_____ **Date:**_____

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the City of Beloit will be based on your merit and on no other consideration.

CITY OF BELOIT
Personnel Department
Supplementary Application Information
(Optional)

The following information will be used for research and reporting purposes for the City of Beloit. We ask that you carefully complete the following information. **This form is not a part of your application.**

PLEASE PRINT OR TYPE

Date _____

1. Name _____ Birthdate _____
(Last) (First) (Middle)

2. Social Security Number _____ Sex ____ M ____ F

3. Job(s) applied for _____

4. Race/Ethnic identification – Please check one

- ____ a. WHITE (Not of Hispanic origin). Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ____ b. BLACK (Not of Hispanic origin). Persons having origins in any of the Black racial groups of Africa.
- ____ c. HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ____ d. ASIAN OR PACIFIC ISLANDERS. Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
- ____ e. AMERICAN INDIAN OR ALASKAN NATIVE. Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation that you believe would be appropriate.

THE CITY OF BELOIT IS AN
EQUAL OPPORTUNITY EMPLOYER
